

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Introduction

The Department of Psychology at Tripler Army Medical Center (TAMC) began our Clinical Psychology Internship Program (CPIP) in 1990. The program continues to exist for the purpose of producing fully qualified Army Psychologists and training civilians interested in becoming psychologists who are passionate about service in rural communities of Hawaii. This program represents one of five U.S. Army pre-doctoral internships. The internship is accredited by the *American Psychological Association (APA)* and maintains membership in *The Association of Psychology Postdoctoral and Internship Centers (APPIC)*. The internship is open to all students from APA accredited graduate programs in clinical or counseling psychology eligible to apply for their pre-doctoral internship. The military internship begins approximately the first week of October and ends 12 months later. The civilian internship begins approximately 1 September and ends 31 August of the following calendar year. Each year we accept *full-time military interns* who enter active duty as commissioned officers at the rank of Captain and two *full-time civilian interns*.

Overview of Tripler Army Medical Center

Tripler Army Medical Center is located on the beautiful O'ahu's Moanalua Ridge, just seven miles from Honolulu, overlooking Pearl Harbor and most of the southern coast of the island. Originally constructed in 1948, the architecturally distinct coral pink hospital is a familiar island landmark. The medical complex occupies 375 acres with 229 beds and routinely provides outpatient and inpatient care to over 580,000 beneficiaries, including: active duty members of all military services, family members and retirees, Pacific Island nation beneficiaries, military personnel and their family members attached to the U.S. Pacific Command throughout the Pacific Basin.

Overview of Department of Psychology

The Department of Psychology is an independent department within the hospital and is one of the largest departments of psychology in the Army and maintains the largest number of graduate psychology training programs in the Army. Our mission includes service delivery, training, readiness, program development and research. In addition to the Clinical Psychology Internship Program for both military and civilians, the Department of Psychology offers postdoctoral fellowship for military and civilian fellows in Clinical Health Psychology, Clinical Neuropsychology, and Clinical Child Psychology. We also have a robust graduate level practicum program which trains students from Hawaii clinical psychology graduate schools. Our Department is APA approved to provide continuing education for psychologists. Our programs represent several of the 17 specialty graduate training programs offered at Tripler.

The Department of Psychology provides high quality behavioral health care treatment for a wide range of medical and psychological issues and patient demographics. The Department is organized into Adult Psychology Services, Primary Care Psychology,

Behavioral Medicine Service, Integrated Pain Center, Child/ Adolescent and Family Psychology Service, Clinical Neuropsychology Service, and Research Psychology Service. These services provide the venue through which faculty implement training curriculum to achieve training goals and foster the development of interns' core competencies. The Department of Psychology also has a strong focus on research highlighting implementation of protocols designed to broaden psychologists' scope of clinical practice, expand services through telehealth, explore the use of virtual reality in trauma treatment, and improve access to care for underserved populations. The Department has taken a leadership role in congressionally mandated programs to provide training and services to the rural underserved populations of Hawaii.

Philosophy and Goals of Training

The philosophy of the internship is based on the practitioner-scholar model and recognizes the developmental nature of training. The practitioner-scholar model emphasizes evaluation of research for the purpose of applying evidenced based psychology in the area of generalist clinical psychology practice. Interns come to the program with different levels of preparation and experience. Training must meet interns at their individual level of professional development and provide opportunities through which existing skills are developed and refined.

The goals of the training program are to ensure that all interns meet the appropriate developmental milestones for psychologists as outlined in the foundational and functional competencies of the *Assessment of Competency Benchmarks Work Group: A Developmental Model for Defining and Measuring Competence in Professional Psychology* found at <http://www.apa.org/ed/resources/index.aspx>. Graduates of the training program are provided educational opportunities that meet these functional and foundational competencies. Graduates of the program will be well prepared to function as psychologists in their post-doctoral supervision period and should be very competitive for post-doctoral fellowships.

Training Objectives

The primary training objectives of our program are focused on the development of a number of core competencies identified by all Army Clinical Psychology Internship Programs. These core competencies are defined as being essential to the practice of clinical psychology within an Army setting. In addition, core competencies may also generalize to professional performance in the civilian community for our civilian interns.

1. Assessment and Diagnosis. Interns develop effective competence in psychological evaluation skills as they learn to comprehensively assess the nature of an individual's bio-psychosocial functioning. Evaluation methods include psychometric techniques, interview, observation, and analysis of collateral information. Interns primarily learn to evaluate adults, with a lesser emphasis on children, couples, and families. Patients present with a variety of issues and include referrals from throughout the hospital, outlying clinics, commanders, and self-referrals.

2. Intervention. Interns develop effective psychotherapeutic skills through refinement of existing abilities and training in additional treatment modalities. Training largely

focuses on evidence based cognitive-behavioral interventions, using both individual and group techniques. However, interns become familiar with a variety of intervention strategies designed to be used with a broad array of patients. Every rotation emphasizes techniques for various forms of intervention. Although the program focuses on cognitive-behavioral interventions, supervisors also support interns in learning to conceptualize and treat patients using theories and techniques familiar to them from prior training and academic experiences. Interns are expected to formulate cases from a variety of theoretical perspectives.

3. Consultation. Interns develop effective skills as a result of consulting with medical professionals, allied mental health professionals, military commanders, school personnel, and other consultants as appropriate. The faculty teaches interns skills in rapid evaluation of patients, appropriate case disposition, and effective communication in responding to the needs and questions of both hospital and community referral sources.

4. Research. Interns are strongly encouraged to complete their dissertations or doctoral projects by the end of the internship year. Once completed, interns may work with faculty or fellows on their respective research projects. The faculty emphasizes a model of scientific research designed to inform clinical practice.

5. Supervision and Teaching. Interns are responsible for developing and conducting professional presentations on psychological topics for the hospital staff and/or military personnel.

6. Ethical Awareness. Ethical issues and appropriate solutions to ethical dilemmas are emphasized throughout the internship year. Case conferences and ongoing supervision provide discussion of ethical issues throughout the training year.

7. Professional Development. Promoting each intern's professional development is an integral part of their training experiences. This development takes place throughout the year in the daily routine of the internship. In addition, interns may select a long-term faculty mentor to help with their transition to professional practice. The internship also emphasizes leadership development as interns may assume the role of "Chief Psychology Intern." Professional development is further fostered as interns are encouraged to participate in program development within rotations.

8. Cultural Diversity. Cultural diversity is a high priority in teaching clinical assessment and intervention skills. Through didactics and general awareness of issues of race, ethnicity, age, gender, and other unique characteristics (i.e. military culture), interns are expected to be sensitive and responsive to these issues. Hawaii offers an extremely rich opportunity to study and become immersed in cultural diversity. Tripler, the rural health clinics, and Schofield Barracks offer unique cultural diversity experiences for interns as they are given the opportunity to interact with clients from at least ten different international cultures.

Structure of the Training Year

Core competencies will be reinforced in all aspects of training. All interns participate in providing primary care services one day per week. Civilians perform primary care in

rural Community Health Centers on Oahu while military interns do so in TAMC primary care clinics. All interns complete a 4 month Adult Assessment and Intervention rotation through Adult Psychology Services. Faculty and interns collaborate to choose two of three rotations (Health, Child and Family, or Neuropsychology) with the goal of developing well rounded generalist clinicians. Each rotation is three days per week for four months. Friday is devoted to administrative meetings, didactics, two hours of patient care, and two hours of program development. During the year, approximately 6 to 8 guest speakers are invited to provide two day trainings. (Previous guest speakers have included: Dr. Roger Greene, Dr. Paul Greene, Dr. Andrasik, and Dr. Jon Kabat-Zinn).

Curriculum:

Interested applicants may e-mail the Director of Training to request checklists for various rotational requirements.

Application Process

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The application deadline is November 8, 2010. Applicants must be US citizens. Phone interviews of select applicants will be conducted from 6-9 DEC 2010 and invitational interviews 10 DEC 2010. As a result of the expense of traveling to Hawaii, phone interviews are completely acceptable and inability to attend invitational interviews is not viewed negatively. All applicants who live in Hawaii at the time of application are required to participate in face-to-face interviews.

Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in JAN 2011 will not be considered. If an applicant completes the proposal after the NOV 08 application deadline, the applicant must have their Director of Training from their doctoral institution send a letter to the Director of Training, TAMC CPIP certifying completion. There are no exceptions to this policy.

MCHK-PH
Department of Psychology, Tripler Army Medical Center Director of
Training, TAMC, CPIP
1 Jarrett White RD
Honolulu, HI
96859-5000

Application for Tripler Army CPIP

a. All applicants for the Tripler Army CPIP must contact a local Army Medical Department Recruiter to begin the application process. Contacting the recruiter no later than August is highly recommended in order to allow the applicant and the recruiter time to ensure all Army application criteria (e.g. health physicals, medical

waivers, etc.) are completed in a timely manner. To find the nearest recruiter, go to <http://www.goarmy.com/amedd/>. Once logged into the site, select the “Locate a Recruiter” link. Once inside the link, type your zip code, and the nearest recruiting station will appear. Your recruiter will assist you in completing the application process and take all of your application materials. If you have difficulty finding or contacting the recruiter, call the undersigned at (808) 433-2735.

b. All applicants for the Army TAMC CPIP must complete the APPIC Application for Psychology Internship (AAPI) and select the Tripler CPIP as a site of interest. Applicants must upload into the AAPI the following documents:

- (1) All undergraduate and graduate transcripts
- (2) Three letters of recommendation
- (3) Curriculum Vitae
- (4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work
- (5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. (A blank case conceptualization work sheet is included as the last page in the document to assist with this write up)
- (6) Sign and upload the letter from the Army Psychology Consultant written to CPIP applicants



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF SURGEON GENERAL
5109 LEESBURG PIKE
FALL CHURCH, VA 22041-3258

May 11, 2010

Dear CPIP Applicant:

As the Clinical Psychology Consultant to the Army Surgeon General, I thank you for your interest in the Army Clinical Psychology Internship Program (CPIP). Army psychology has a proud tradition of service to the United States of America and the profession of psychology. I am pleased that every year quality applicants demonstrate interest in pursuing this vital and proud tradition.

In addition to thanking applicants for their interest, I am also writing this letter to make certain that applicants are informed about the active duty service obligation incurred as a result of participation in CPIP. All CPIP applicants extended an internship invitation are required to sign USAREC Form 1283, 1 FEB 2008 as part of the process for entry into the program. A copy of this document accompanies this letter for your review. USAREC Form 1283, 1 FEB 2008 obligates all CPIP recipients to fulfill a 3 year active duty service obligation. Pay back for this obligation begins only after licensure to practice as an independent psychologist is obtained.

Please acknowledge receipt of this letter below and return it to your recruiter. Your recruiter can assist you with contacting the National Training Coordinator, Army Psychology Training Programs should you have interest in speaking with an experienced Army psychologist or have questions about any obligation incurred as a result of participation in CPIP.

Sincerely,

Bruce E. Crow
Colonel, US Army
Clinical Psychology Consultant
to the U.S. Army Surgeon General

I have read this letter and received a copy of USAREC Form 1283, 1 FEB 2008. I am fully aware that pay back for the service obligation I incur as a result of participation in CPIP is in accordance with USAREC Form 1283, 1 FEB 2008.

CPIP Participant Signature

Date

c. We highly recommend that you call the Director of Training to ensure all your application materials are visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

2. Civilian Candidates

a. Civilian candidates will complete the AAPI. In addition, the Internship must receive the following materials:

(1) All undergraduate and graduate transcripts

(2) Three letters of recommendation

(3) Curriculum Vitae

(4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work

(5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. (A blank case conceptualization work sheet is included as the last page in the document to assist with this write up).

b. We highly recommend that you call the Director of Training to ensure your application is visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

Faculty

Brown, Kathleen. Clinical/Health Psychologist; Director, Pain Rehabilitation Program, Rosalind Franklin University of Medicine and Science Ph.D. (1986). Interests: Health Psychology, Chronic pain management, Adjustment/coping to medical illness, Psychophysiological effects of trauma – APA Fellow

Chung, Geoffrey. Chief, Child and Family Psychology Services. University of Oregon Ph.D. (1993). Post-doctoral Fellow Child Development Center, UCIMC (1995). Interests: Child and Family Psychology.

Combs, Brian. Staff Neuropsychologist. Illinois Institute of Technology, Ph.D. (1989). ABPP-Clinical Neuropsychology. Interests: traumatic brain injury, dementia, rehabilitation.

Folen, Raymond. Chief, Health Psychology, University of Hawaii Ph.D. (1978), ABPP in Clinical Psychology. APA Fellow Interests: Health Psychology, Telemedicine.

Hanawahine, George. Chief, Child, Adolescent, and Family Psychology Services. University of Oregon, Department of Counseling Psychology Ph.D. (2004); Child Psychology Fellow, Tripler Army Medical Center (2006). Interests: Treatment of antisocial, oppositional, and conduct disordered behavior.

Holcombe, Philip A. LTC, Director Of Training; Deputy Chief, Department of Psychology. California School of Professional Psychology-Fresno, CA Ph.D (1996). Child Psychology Fellow, Tripler Army Medical Center (2002). ABPP in Clinical Psychology (2006) Interests: Child and Family Psychology, Military Psychology

Holt, Louise. Center for Deployment Psychologist, Henry M. Jackson Foundation. California School of Professional Psychology-Los Angeles (1982). Program Manager, Mental Health Intensive Case Management; VA Sepulveda, CA. Interests: Child and Family Psychology, Adult Psychology, PTSD and traumatic stress.

Izuka, Karla. Primary Care Psychologist, Argosy University-Hawaii Psy.D (2002). Interests: Behavioral Medicine.

Kellar, Michael. Health Psychologist, Forest Institute, Honolulu Psy.D. (1994). Assistant Chief, Behavioral Medicine Service and Director of Clinical Health Psychology Program Interests: Tobacco Cessation, psychophysiology recognition and regulation, Disaster Response, Aviation Psychology.

Machiels, Sandra Psy.D., Clinical Health Psychologist. Argosy University, Hawaii, Psy.D. in Clinical Psychology. Behavioral Medicine Fellow, Harbor UCLA Medical Center, specializing in HIV Mental Health. Interests: biofeedback, PTSD, headaches, tobacco cessation, and management of chronic illnesses such as HIV, Diabetes, Hypertension, and Kidney Failure.

Myhre, John. Director of Psychology Training, Waianae Coast Comprehensive Health Center; Georgia School of Professional Psychology PsyD. (2000). Interests: Native Hawaiian Health Issues, Health Psychology, Psychopharmacology.

Panos, Jill. Clinical/Health Psychologist; Pain Psychologist, Pain Rehabilitation Program. Argosy University - Hawaii, Psy.D. (2006). Interests: Health Psychology, Chronic Pain Management & Assessment, Obesity, Weight Management, and Bariatric Psychology.

Purcell, Heather Chief, Adult Psychology Service. University of Denver, Psy.D. Interests: military psychology & neuropsychology

Rothschiller, Richard. Clinical Psychologist, Department of Psychology. American School of Professional Psychology at Argosy University/Hawai'i. Psy. D. Interests: Health Psychology.

Stetz, Melba, MAJ. Director, Psychology Research, Carlos Albizu University, PR. Ph.D. (1999). Interests: Research, Fitness, helping Others. Hobbies: Same and family-time.

Umetsu, Doug. Chief, Neuropsychology Service, Fuller Theological Seminary Graduate School of Psychology Ph.D. (1986). Interests: Rehabilitation Psychology, Clinical Neuropsychology. ABPP Neuropsychology.

Verschell, Mark. Staff Psychologist, American School of Professional Psychology Ph.D. (1999). Interests: Data Collection and Storage Methods, Telehealth Applications, Behavioral Medicine.

Yamashita, Jennifer. Director of training of the Neuropsychology fellowship specialty track. University of Hawaii Ph.D (). Pre-doctoral internship at the National Center for PTSD and post-doctoral fellowship in Clinical Neuropsychology at TAMC. In addition to providing clinical supervision to neuropsychology fellows and interns, she is actively involved in the provision of direct services and training program development. Research interests include traumatic brain injury and PTSD.

Yano, Beth. Chief, Child Psychology, University of Oregon Ph.D. (1989). Interests: Child and Adolescent Psychology and Family Systems, PTSD, Group Psychotherapy.

Case Conceptualization Checklist

I. Referral question

- a. List the referral source _____
- b. List the reason for referral

- c. List the reason(s) the referral was made when it was made – the “why now.”

II. Diagnostic formulation

- a. Presenting symptoms:

- b. FIDO-I: Please check “Yes” or “No” regarding your opinion about whether or not the presenter sufficiently answered the following so that differential DSM-IV diagnoses are possible:

- i. Frequency Yes _____ No _____
- ii. Intensity Yes _____ No _____
- iii. Duration Yes _____ No _____
- iv. Onset Yes _____ No _____
- v. Impairment Yes _____ No _____

- c. Previous history of these symptoms?

- d. DSM-IV

- i. Axis I

- ii. Axis II

- iii. Axis III

- iv. Axis IV

- v. GAF (Highest Past) _____ (Current)

- e. Safety Issues.

f. Ethical Issues.

III. Clinical formulation (Explanatory mechanism for understanding the reason this particular patient is experiencing these particular issues at this particular time)

Consider the following

- a. Precipitating stressors _____
- b. Predisposing events and conditions _____
- c. Mechanism
 - i. Orientations _____
 - 1. Biological _____
 - 2. Developmental _____
 - 3. Systemic _____
 - 4. Interpersonal _____
 - 5. Cognitive _____
 - 6. Health _____
 - 7. Experiential _____
 - 8. Cultural _____
 - 9. Behavioral _____

d. Strengths and vulnerabilities of the patient

e. Resources and needs of the patient

f. Summarize the explanatory mechanism(s) regarding this patient. Please label the theoretical approach or approaches taken and list rationale.

IV. Treatment

- a. Client's goals Yes ____ No ____
- b. Organization goals Yes ____ No ____
- c. Client's expectations Yes ____ No ____
- d. Organization expectations Yes ____ No ____
- e. Treatment goals Yes ____ No ____
- f. Treatment plan Yes ____ No ____
- g. Predict course of treatment Yes ____ No ____
- h. Predict outcomes Yes ____ No ____

i. Barriers to treatment

Yes ____ No ____

Are the diagnostic and clinical formulation clearly tied to the treatment plan? Defend your answer.
